

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

SHAVONDA BAILEY, *as Next Friend of* §
K.A., and P.A.; and VIVIAN LAMPKINS, §
as Next Friend of J.L. §

VS. §

5:13-CV-00700-FB

CITY OF SAN ANTONIO, TEXAS; §
OFFICER PRESTON, *Individually*; §
VIDAL DIAZ, *Individually*; §
MICHAEL FLETCHER, *Individually*; §
FRANCISCO GALVAN, *Individually*; §
MATTHEW FLORES, *Individually*; §
AUBREY PLAUCHE, *Individually*; §
MATTHEW QUINTANILLA, §
Individually; ROBERT TAMEZ, §
Individually; and PAUL TRIGO, §
Individually §

AFFIDAVIT OF VINCENT J. M. DIMAIO, M. D.

STATE OF Texas §
COUNTY OF Bexar §

BEFORE ME, the undersigned authority in and for the State of Texas, on this day personally appeared Vincent J. M. DiMaio, M.D., personally known to me, who after having first been duly sworn, upon his oath deposed and testified as follows:

"My name is Vincent J. M. DiMaio, M.D. I am over 18 years old, of sound mind, and I am competent to testify to the matters herein. I am a physician, Board Certified in Anatomical, Clinical, and Forensic Pathology. My qualifications are set forth in my Curriculum Vitae, a true and correct copy of which is attached to this Affidavit and incorporated herein for any and all purposes as though set forth verbatim as Exhibit "A." All of my conclusions, opinions, and observations provided in this matter are true and correct, and based upon my years of medical experience and education and case documents that I have personally reviewed in this matter.

In arriving at all my conclusions, opinions, and observations in this matter, I reviewed the following materials:

1. The autopsy report including toxicology and photographs of the body;
2. Photographs of the scene;
3. Videos of the scene;
4. EMS Report;

5. Statements of Officer Galvan, Detective Preston, Officer Flores, Sgt, Michael Fletcher, Officer Matthew Quintanilla, Officer Robert Tamez, Officer Paul Trigo, Officer Vidal Diaz and Officer Aubrey Plache;
6. Taser downloads of Officer Galvan; Detective Preston; and Officer Flores;
7. Brenda Allen's August 4th statement to SAPD; and August 8th affidavit to William Hodge - 2011;
8. Lee Griffin's August 4th statement to SAPD; and August 8th affidavit to William Hodge - 2011;
9. Tiffany Allen's August 4th statement to SAPD; and August 8th affidavit to William Hodge - 2011;
10. Gary Hovermale August 4th statement to SAPD; and August 8th affidavit to William Hodge - 2011;
11. Jajuan Williams 8/04/11 statement to the SAPD;
12. Horton Howard's 8/4/11 statement to SAPD;
13. Bexar County Sheriff's Office Incident reports of December 11, 2010 and March 1, 2011 involving deceased;
14. Clinic records and hospital note on deceased;
15. SAPD- Internal Affairs Report;
16. General Manual;
17. Decedent's records from Christus Santa Rosa Hospital – Westover Hills;
18. Decedent's records from City of San Antonio Emergency Medical Services;
19. The Plaintiff's First Amended Original Complaint;
20. Decedent's records from the Kellum Medical Group;
21. Decedent's records from University Hospital System;
22. The condensed deposition transcript of Shavonda Bailey;
23. The condensed deposition transcript of Vivian Lampkins;
24. The condensed deposition transcript of Tiffany Allen, with exhibit;
25. The condensed deposition transcript of Jajuan Williams, with exhibit;
26. The condensed deposition transcript of Horton Howard, with exhibit; and,
27. The condensed deposition transcript of Gary Hovermale, with exhibits.

Between 0230 and 0245 hrs on 8/4/11, Officer Frank Galvan observed a black Ford Explorer driving the wrong way on La Cantera Parkway. He pulled behind the vehicle, and turned on his emergency lights and siren in an attempt to stop the vehicle. The vehicle did not stop but drove around the Rim Shopping Center and got back on La Cantera. During this time, the vehicle was weaving though not speeding. It went under I-10 and followed the access road to 1604. It then headed west on the 1604 access road. Detective Fletcher joined the pursuit becoming the lead vehicle. The vehicle was still weaving. The vehicle turned under 1604 and followed the access road east to I-10. He got on I-10 east and traveled to Loop 410 where it exited and began traveling west on 410. Officer Preston took the lead as his vehicle had video. The vehicle exited at Exit 151, staying on the access road until Military Drive. It then went left on Military and then left into a subdivision. It proceeded to Deep Water Bay, a cul de sac, and stopped in front of a house.

Officers Galvan and Preston stopped their vehicles behind the Explorer and went up to the driver's door. Detective Fletcher approached the passenger's door with a K-9 Officer. The

driver's door was locked, the window up. The Officers yelled at the driver to exit. The driver unlocked the door and Officer Preston opened the door and got him out of the vehicle. He noted the driver to be sweating profusely. The driver exited the vehicle with his hands up. The Officers told him to get on the ground. He did and Officer Preston put a handcuff on the suspects left wrist. Mr. Abernathy then began to resist and Officer Preston was unable to cuff the right wrist. A struggle then ensued between Officers Preston, Galvan and the suspect. The struggle was joined by a K-9 dog on a leash. During the struggle, Officer Galvan deployed his TASER for 5 seconds with no effect. He then deployed it for an additional 4 and 5 seconds. The time span was approximately 17 seconds.

The suspect broke free of the Officers and ran to the front door of the residence. The fight continued at the door. At this time, Officers Galvan, Tamez and Preston said the glass storm door shattered. Officer Preston then discharged his TASER for a few seconds. Officer Tamez participated in struggle. He hit the suspect twice with an ASP.

The suspect then broke free and ran towards a neighbor's house breaking TASER contact at this time. Here he began kicking the front door. The Officers caught up with him at the door and the struggle continued. Officer Preston who had reloaded his TASER then deployed the TASER whereupon the suspect went to his knees. He then got up and began to run back to the original residence. He again broke contact with the TASER.

At this time, Detective Fletcher grabbed the suspect. Another Officer joined the fight and struck the suspect multiple times in the back. He also inadvertently struck the Officer's left hand multiple times causing him to withdraw from the fight. At around this time, the K-9 dog latched onto Mr. Abernathy's buttocks. The suspect broke away and ran to another neighboring house. The fighting continued. Officer Galvan stated that he hit Mr. Abernathy in his back and stomach to no effect. Officer Preston tackled him. The Officers and suspect were struggling on the ground. Officer Preston hit him twice in the head with his fist. Officer Tamez got control of his left arm but the suspect had hold of Officer Tamez's leg. During the struggle, Tamez hit him twice in his face with his fist. Officer Trigo struck the suspect approximately four times with his ASP, punched his right rib cage and subsequently kicked his left thigh several times but to no effect.

Officer Flores came upon the struggling Officers attempting to handcuff the suspect. He saw the Officers to be very fatigued and went to their aid with his TASER. He deployed it at the suspect's left back and activated it for about 5 seconds. He also drive stunned the suspect. Finally, the Officers were able to handcuff Mr. Abernathy. Following this, he continued to yell, scream and thrash about. He then suddenly stopped. The Officers standing around observed him to be still breathing with a pulse present.

Once the suspect was finally handcuffed the Officers let go of him and placed him in a seated position. He was yelling to his mother at this time.

Det. Fletcher then went to call EMS for himself. When he returned, the suspect was face down. The detective suggested that they roll him on his side which they did. He could see the suspect breathing at this time with his stomach moving up and down. He then left for medical attention.

He helped hold down by feet. Officers Diaz and Flores stayed with the suspect after he was handcuffed. They monitored his breathing. Officer Diaz noticed that breathing had stopped. He then requested EMS personnel to check the suspect.

At approximately 0328 hrs on 8/4/11, EMS received a call of an injured SAPD Officer and deployment of the TASER. EMS responded arriving at the scene at approximately 0339 hrs. While talking to a SAPD Officer, EMS personnel were approached by another Officer and asked to check on an individual in custody. This individual, subsequently identified as Pierre T. Abernathy, had allegedly been talking to the Officer when he abruptly went silent. The Officer could not get a pulse and then sought out the EMS personnel. On initial contact, Pierre T. Abernathy was noted to be lying on his left side with his wrists handcuffed behind his back. No pulse was detectable. EMS had the handcuffs removed and put a 3 lead EKG on him. The time was 0342 hrs. The EKG showed asystole. The patient was intubated, intra-venous lines inserted and cardio-pulmonary resuscitation (CPR) instituted. Epinephrine was given. After multiple attempts to obtain a cardiac rhythm failed, at 0431 hrs, he was transported in asystole to Santa Rosa Westover Hills where he was pronounced dead at 0436 hrs.

Examination of the TASERs revealed that: Officer Galvan discharged his TASER three times for 5, 4 and 5 seconds over 17s; Officer Preston discharged his device three times for 5, 15 and 4 seconds over approximately 35 seconds; and Officer Flores, three times for 5, 6 and 1 second.

The deceased's mother subsequently gave a statement that Mr. Abernathy was a schizophrenic who was supposed to be on Saraquill (Quetiapine). This drug is an atypical antipsychotic drug similar to clozapine. It is a potent serotonin 5-HT_{2a}-receptor antagonist and a moderate dopamine D₂-receptor antagonist. The drug also antagonizes serotonin 5-HT_{1a}, dopamine D₁, histamine H₁, and adrenergic alpha_{1/2} receptors. The mean half-life of quetiapine is approximately six hours. This drug can cause prolongation of the QT syndrome. This phenomena is associated with sudden death.

On review of his past medical records, Mr. Abernathy was seen at the Marbach Road location of Kellum Medical Group on 10/5/2010 complaining of chest pain. He stated that 3 months prior he had blacked out and had been told that he had had seizures. He stated that he had been under the influence of alcohol both times and cocaine the first time. He had not blacked out since that time. He claimed that he had stopped taking alcohol and cocaine. He had chest pain at rest. He admitted to a history of paranoid schizophrenia with discontinuation of his medications a year prior. During his visit, he was diagnosed with paranoid schizophrenia.

On 12/11/2010, Mr. Abernathy was stopped by BCSO deputies for erratic driving and refusing to stop. He refused to show his hands or get out of the vehicle. After being removed from the vehicle, he became engaged in a violent struggle with police. An ECD was used on three occasions in the drive stun mode and on one, possibly two, occasions in the barb. He was handcuffed and placed in the back seat of a vehicle where he admitted to recently smoking crack cocaine. He also informed the officers that he was a schizophrenic and had stopped taking his medications. He was taken to the County Hospital.

On 3/01/2011, Officers responded to a report of a disturbance at the residence of Vivian Lampkin. When the responding Officers arrived at the scene, they encountered Mr. Abernathy. When they requested that he leave the residence, he retreated to a restroom and locked himself in. He then went into a connecting bedroom. The Officers attempted to secure him. At this time, one of the Officers activated his E.C.D. with no significant response. Mr. Abernathy attempted to flee and was tasered by the second Officer. As he fled the residence, the first Officer activated his ECD twice more. The Officers were able to get control of Mr. Abernathy and placed him in handcuffs and leg irons. Mr. Abernathy told the Officers that he had taken cocaine. This was confirmed by Ms. Lampkin. Mr. Abernathy was arrested for resisting arrest and evading detention. He was transported to University Hospital.

Mr. Abernathy was discharged from the University Health System on 3/7/2011 with a diagnosis of "Rhabdomyolysis, acute kidney failure, cocaine intoxication" as well as a left, 5th, metacarpal fracture. He was discharged on Vicodin, MiraLax and Seoquel (quetiapi).

At autopsy, Pierre T. Abernathy was a 30 year-old black male 71 inches tall and weighing 240 lbs. There were puncture wounds of the right anterior chest (1) and left lower back (2). A barb was embedded within a puncture wound of the left lower back. A puncture wound was present in the left upper medial back. Three barbs were recovered from the clothing.

There were a number of abrasions and lacerations of the buttocks consistent with dog bites.

There were ecchymoses of both eyes with bilateral subconjunctival hemorrhage. A 2 cm abrasion/laceration involved the left lower eyelid. A 1 cm laceration was present in the right lower eyelid. A 2 cm laceration involved the left cheek.

There were multiple minor abrasions and contusions of the head, trunk, arms and legs. There were minor lacerations of the buttocks and left lower leg. Contusions of the upper back are consistent with use of an ASP.

Reflection of the scalp revealed contusions of the scalp.

It is my opinion that, in all medical probability, none of the injuries caused or contributed to the death.

The heart was enlarged weighing 450 g. The normal weight range for male hearts is 231 – 385 g. Enlargement of the heart is associated with and predisposes to sudden death due to cardiac arrhythmias.

Toxicological analysis of femoral blood revealed a cocaine level of 0.17 mg/L; a benzoylecgonine level of >0.50 mg/L; ecgonine methyl ester and levamisole (a cutting agent). No alcohol was present.

Based on the aforementioned information, it is my opinion that, in all medical probability, Pierre T. Abernathy, a 30 year-old black male, died as a result of the Excited Delirium Syndrome (EDS). The mechanism of death was a cardiac arrhythmia due to a hyper-adrenergic state

secondary to his Excited Delirium, acute cocaine intoxication, schizophrenia and a violent struggle in conjunction with an enlarged heart.

Delirium involves an acute (minutes to hours), transient disturbance in consciousness and cognition. There is disorientation; disorganized and inconsistent thought processes; inability to distinguish reality from hallucinations; disturbances in speech; disorientation to time and place; misidentification of individuals. When the delirium involves combative and/or violent behavior, it is termed Excited Delirium (ED). Excited Delirium Syndrome (EDS) involves the sudden death of an individual, during or following an episode of excited delirium, in which an autopsy fails to reveal evidence of sufficient trauma or natural disease to explain the death.

Individuals in ED are often resistant to the effects of blows from a baton, or use of a TASER. The individuals are often said to be sweating profusely and have "super human" strength, both described in this case. Deaths due to EDS were originally described in individuals with intrinsic mental illness, specifically schizophrenia. In our present society, they are more commonly associated with abuse of illegal stimulants such as cocaine or methamphetamine.

The clinical presentation of Mr. Abernathy was of an individual in an acute psychotic state due to decompensation of his schizophrenia and acute cocaine intoxication.

Whenever one gets excited, such as in excited delirium, or engages in strenuous activity such as a struggle, there is activation of the Sympathetic Nervous System with release of norepinephrine (NE) from nerve cells into the synaptic spaces between the Sympathetic neurons and receptors in organs such as heart muscle and the coronary arteries. In addition, there is release of epinephrine (E) and nor-epinephrine (NE) from the adrenal glands into the blood. The NE from the nerve fibers plus NE and E from the adrenals act on β_1 receptors in the heart causing an increase in heart rate, and force of contraction. As a consequence of this, the heart muscle needs additional oxygen. At the same time, NE and E act on the α_1 receptors of the coronary arteries causing constriction of the arteries with reduction of blood flow, and thus, oxygen, to the myocardium. Peak levels of catecholamines (norepinephrine and epinephrine) are reached not during the physical activity but in the 2-5 minutes after cessation of the activity and may reach 10x base levels. This is Dimsdale et al.'s "period of peril", when the heart is most sensitive to development of fatal arrhythmias. While the usual result of these physiological changes is uneventful with a complete return to normal, in some individuals, as in this case, death can occur. This may be due in part to a genetic predisposition.

During physical activity, blood potassium increases. Elevated levels of catecholamines in the blood neutralize the arrhythmogenic potential of the elevated blood potassium. During the "period of peril", the blood potassium levels drop dramatically, at times to hypokalemic levels. Hypokalemia, like hyperkalemia, is arrhythmogenic, but its' effects are not protected by elevated blood catecholamine levels. Hypokalemia predisposes to prolongation of the QT-interval, development of *torsade de pointes* and sudden cardiac death.

Cocaine is a central nervous stimulant derived from the leaves of the coca plant. Cocaine blocks the reuptake of norepinephrine and dopamine at the presynaptic adrenergic terminals, thus acting as a powerful sympathomimetic agent. Cocaine causes increased heart rate and blood pressure.

Even small doses of cocaine taken intra-nasally have been associated with vasoconstriction of coronary arteries.

Vasoconstriction due to cocaine use is secondary to stimulation of the adrenergic receptors in smooth muscle cells in the coronary arteries. In addition to adrenergic stimulation, cocaine has been shown to increase levels of endothelin-1, which is a powerful vasoconstrictor, and to decrease production of nitric oxide, which is a vasodilator. Thus, cocaine decreases oxygen supply and induces myocardial ischemia through a variety of mechanisms.

A prominent effect of cocaine in the heart is a suppression of the delayed rectifier potassium current (IK) that is important for cardiac repolarization. Cocaine inhibits the channels by preferentially binding to a combination of open and inactivated sites. This results in an increase in the QT interval, which is consistent with a general slowing of myocardial repolarization. Prolongation of the QT interval is associated with development of fatal cardiac arrhythmias.

Catecholamines can produce injury to cardiac muscle fibers. This is seen in patients with pheochromocytomas which produce toxic level of catecholamines. The lesion present is called coagulative myocytolysis. It is characterized by myofibrillar damage and anomalous irregular cross-band formations. Other terms used for this lesion are myofibrillar degeneration and contraction band necrosis. This injury appears to be due to a combination of hypoxia due to coronary artery vasoconstriction and micro-vascular occlusion; free radical production due to metabolism of epinephrine and excessive catecholamine stimulation of Beta-receptors resulting in intracellular calcium-overload and ATP depletion from calcium dependent phosphatases.

Individuals with schizophrenia quite frequently experience episodes of acute psychosis such as Mr. Abernathy demonstrated. This can be due to failure to take medications, use of drugs of abuse (in this case cocaine), perceptions of a hostile environment or a perceived provocation. In schizophrenia, there is a disturbance in the metabolism of norepinephrine (NE) both in the brain and peripherally. Numerous studies in both medicated and non-medicated patients with schizophrenia have found elevated NE concentrations in samples obtained from plasma, cerebrospinal fluid and postmortem brain. In addition, stress in individuals with schizophrenics results in higher blood levels of NE than in normal individuals.

Enlargement of the heart predisposes to development of fatal cardiac arrhythmias.

There is no evidence that use of the TASER^R caused or contributed to the death in this case. It has been estimated that over a million and a half law enforcement individuals have been voluntarily tasered with no deaths or fatal arrhythmias. A TASER^R can be employed two ways. The most common way is as an Electro-Muscular Disruption (EMD) device to cause neuromuscular incapacitation, or strong muscle contractions, through stimulation of nerves. In the drive-stun mode, it is a pain compliance device. The drive-stun mode does not incapacitate a subject but may assist in taking a subject into custody because of the induced pain.

The only way a TASER^R could theoretically cause death directly would be by producing a fatal cardiac arrhythmia, i.e. by electrocution, and then only when employed as an Electro-Muscular Disruption (EMD) device. The arrhythmia produced would have to be ventricular fibrillation,

the arrhythmia produced by electrocution. The arrhythmia would have to occur at the time the individual was last tasered in the Electro-Muscular Disruption (EMD) mode as electricity does not accumulate in the body. Ventricular fibrillation would result in loss of conscious in 5-15 seconds with cessation of respiration in approximately a minute

Some individuals have claimed that a long gap between electrical current exposure and fibrillation can occur if the electrical current produces ventricular tachycardia (VT). This theory is unsupportable in that such a VT would have to be so rapid as to induce immediate loss of consciousness; such a VT is unstable and would degenerate into fibrillation within approximately 35 seconds and while there are rare cases of VT following electrical injury none have progressed to cardiac arrest.

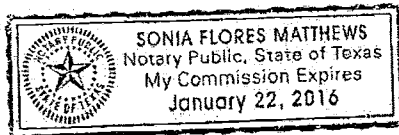
Ventricular fibrillation cannot occur in the drive-stun mode as current runs from one terminal to another, a distance of approximately 3.5 cm. Use in the drive-stun mode is as a pain compliance device.

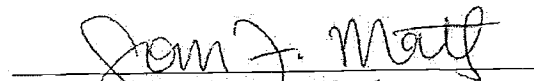
In conclusion, it is my opinion that, in all medical probability, Pierre T. Abernathy, a 30 year-old black male, died as a result of the Excited Delirium Syndrome (EDS). The ED was brought on by acute cocaine intoxication in conjunction with his schizophrenia. The mechanism of death was a cardiac arrhythmia due to a hyper-adrenergic state secondary to his Excited Delirium, acute cocaine intoxication, schizophrenia and his violent struggle in conjunction with an enlarged heart.

Further affiant sayeth naught."


VINCENT J. M. DIMAIO, M.D.

SUBSCRIBED TO AND SWORN before me on this the 17 day of NOVEMBER,
2014.




NOTARY PUBLIC in and for the
STATE OF TEXAS

CURRICULUM VITAE

NAME: Vincent J.M. Di Maio, M.D.

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BIRTHDATE:

BIRTHPLACE: Brooklyn, New York

COLLEGE: St. John's University, 1958-1961

MEDICAL SCHOOL: State University of New York
Downstate Medical Center, 1961-1965

POSTGRADUATE TRAINING

Internship in Pathology: Duke University Hospital, Durham, NC
July 1, 1965 - June 30, 1966

Residency in Pathology: State University - Kings County
Medical Center, Brooklyn, NY
June 1, 1966 - June 30, 1969

Fellow in Forensic Pathology: Office of the Chief Medical Examiner
of Maryland, Baltimore, Maryland,
July 1, 1969 - June 30, 1970

BOARD CERTIFICATION

American Board of Pathology, ANATOMICAL PATHOLOGY, 1970

American Board of Pathology, CLINICAL PATHOLOGY, 1970

American Board of Pathology, FORENSIC PATHOLOGY, 1971

MILITARY SERVICE

Major, Medical Corps, United States Army Reserve. Active duty: July 1, 1970 -
June 30, 1972. Assigned to the Armed Forces Institute of Pathology, Washington, D.C.

PRESENT POSITIONS

Consultant in Forensic Medicine and Pathology	March 1, 1981 - present
Editor-In-Chief	American Journal of Forensic Medicine and Pathology, January 1, 1992, to present
Member	Texas Forensic Science Commission, 10/31/2011 To present;
Chair	Texas Forensic Science Commission, 3/27/2012 to present
Member	National Commission on Forensic Science 1/10/2014 to present
Consultant	Bexar County Medical Examiner's Office, 1/01/07 to present & Central Texas Autopsy, 1/01/13 to present

PRIOR POSITIONS

Chief Medical Examiner	Bexar County, San Antonio, Texas March 1, 1981, to December 31, 2006 (retired)
Director	Bexar County Criminal Investigation Laboratory San Antonio, Texas March 1, 1981 - April 15, 1997
Medical Examiner	Office of the Dallas County Medical Examiner, Dallas, TX, July 1, 1972 - February 28, 1981
Chief, Wound Ballistics Section	Forensic Pathology Branch, Armed Forces Institute of Pathology, July 1, 1971 - June 30, 1972
Chief, Legal Medicine Section	Forensic Pathology Branch, Armed Forces Institute of Pathology, Sept. 1, 1970 - June 30, 1971
Professor	Department of Pathology, University of Texas Health Science Center at San Antonio, February 1, 1987, to December 31, 2006
Associate Professor	Dept. of Pathology, University of Texas Health Science Center at Dallas,

	September 1, 1977 - February 28, 1981
Assistant Professor	Dept. of Pathology, University of Texas Health Science Center at Dallas, September 1, 1974 - August 31, 1977
Instructor	Dept. of Pathology, University of Texas Health Science Center at Dallas, July 1, 1972 - August 31, 1974
Consultant	Saville Inquiry into "Bloody Sunday", 2003-2004
Consultant	Assassination Records Review Board, Washington D.C.
Consultant	United Nations Office of the Prosecutor for the International Criminal Tribunal for the Former Yugoslavia (September 1997 - February 1998)
Board of Directors	National Association of Medical Examiners 1979-1984; 2004 to 2009
Member	Working group to develop standards/guidelines for medical examiners, <u>Standards, Inspections and Accreditation Committee of the National Association of Medical Examiners</u>
Member	Strategic Planning Committee of National Association of Medical Examiners, 1999 to 2001; 2003-2011

PROFESSIONAL OFFICES

Board of Editors	American Journal of Forensic Medicine and Pathology, February 1980 -
Board of Editors	Legal Medicine (Japanese Soc. of Legal Med), 1999 -

PRIOR PROFESSIONAL OFFICES

Board of Editors	Journal of Forensic Sciences, February 1980 - 2000
Chairman	Council on Forensic Pathology, American Society of Clinical Pathologists, 1979 - 1982
Member	Council on Forensic Pathology, American Society of Clinical Pathologists, 1976 - 1982
Editor	<u>Forensic Science Gazette</u> , Sept. 1, 1974 December 31, 1980

Editorial Board

Pathologist, College of American
Pathologists, 1980 - 1983

Consultant

Department of Pathology, Baylor University
Medical Center, Dallas, Texas,
July, 1980 - February, 1981

PROFESSIONAL MEMBERSHIPS

Fellow, American Academy of Forensic Sciences (1970 to present)

National Association of Medical Examiners (1971 - present)

AWARDS

"The CCE Commissioners' Medal" by The American Society
of Clinical Pathologists

The "Jean R. Oliver, M.D. Master Teacher Award",
presented by the Alumni Association of the State
University of New York-Downstate Medical Center,
Brooklyn, New York, May 12, 1990

"The George E. Gantner Jr., Memorial Award"
presented by the National Association of Medical
Examiners, Baltimore, MD, September 16, 1997

"Outstanding Service Award"
presented by the National Association of
Medical Examiners, Minneapolis, Minn.
October 19, 1999

"Milton Helpern Award"
Presented by the Pathology/Biology Section
American Academy of Forensic Sciences
Chicago Illinois, February 19, 2003

Milton Helpern Laureate Award
Presented by the National Association of
Medical Examiners, October 17, 2006

BOOKS

1. Di Maio T.G. and Di Maio V.J.M. Excited Delirium Syndrome. CRC Press Inc. Boca Raton, FL, 2006
2. Di Maio, V.J.M. and Di Maio, D. Forensic Pathology. 2nd ed. CRC Press Inc., Boca Raton, FL, 2001
(Di Maio, V.J.M. and Di Maio, D. Medycyna sądowa Urban & Partner 2005.)
3. Di Maio, V.J.M. Gunshot Wounds - Practical Aspects of Firearms, Ballistics and Forensic Techniques. 2nd ed. CRC Press Inc., Boca Raton, FL, 1999.
(Di Maio, V.J.M. Hewridas Por Arma de Fuego - Aspectos practicos sobre las armas de fuego, balistica y tecnicas forenses. Ediciones La Rocca, Buenos Aires, 1999)
(Di Maio, V.J.M. Blessares Par Armes a Feu - Aspects pratiques des armes a feu, de la balistique et des techniques medico-legales. Masson, Paris, 1991)
4. Di Maio, V.J.M. and Dana, S.E. Handbook of Forensic Pathology. 2nd ed. CRC Press Inc., Boca Raton, FL, 2006
(Di Maio, V.J.M. and Dana, S.E. Manual de Patologia Forense. Ediciones Diaz de Santos, S.A. Madrid, Espana, 2003)
5. Di Maio, V.J.M. (Editor) Symposium on Forensic Pathology - Clinics in Laboratory Medicine. Vol. 3, No. 2, June 1983, W.B. Saunders Co., Phil, PA.

ARTICLES

1. DiMaio, D.J., Zeichner, M., DiMaio, V.J.M. "Sudden Death in a Woman with Unsuspected Idiopathy Pulmonary Hemosiderosis", JAMA, 206:2520-2522, 1968.
2. Minkowitz, S., Zeichner, M., DiMaio, V.J.M. "Cystosarcoma Phyllodes: A Unique Case with Multiple Unilateral Lesions and Ipsilateral Axillary Metastasis", J. Path. Bact., 96:514-517, 1968.
3. DiMaio, V.J.M., Spitz, W.U. "Injury by Birdshot", J. Forensic Sci., 15:396-402, 1970.
4. Spitz, W.U., Sopher, I.M., DiMaio, V.J.M. "Medicolegal Investigation of a Bomb Explosion in an Automobile", J. Forensic Sci., 15:537-552, 1970.
5. DiMaio, V.J.M., DiMaio, D.J. "A Postpartum Dissecting Coronary Aneurysm", NY State J. Med., 71:767-769, 1971.
6. DiMaio, V.J.M., Spitz, W.U. "Variations in Wounding due to Unusual Firearms and Recently Available Ammunition", J. Forensic Sci., 17:377-386, 1972.
7. DiMaio, V.J.M., DiMaio, D.J. "Bullet Emboli: Six Cases and a Review of the Literature", J. Forensic Sci., 17:394-398, 1972.
8. DiMaio, V.J.M., DiMaio, D.J. "An Unsuspected Stab Wound of the Brain", Military Med., 137:434-435, 1972.

9. DiMaio, V.J.M. "Wound Ballistics", J. Assoc. Firearms/Toolmark Examiners, 4:27-29, 1972.
10. DiMaio, V.J.M., Jones, J.A., Petty, C.S. "Ammunition for Police: A Comparison of the Wounding Effects of Commercially Available Cartridges", J. Police Sci. Adminis., 1:269-273, 1973.
11. DiMaio, V.J.M., Mullick, F.G., Henry, L.D. "Hexachlorophene Poisoning" J. Forensic Sci., 18:303-308, 1973.
12. DiMaio, V.J.M. "Accidental Hangings due to Pacifiers", JAMA, 226:790, 1973.
13. Sturner, W.Q., DiMaio, V.J.M. "Fatal Hyperglycemia and Acidosis Following Pancake Syrup Ingestion", AACTion (Newsletter of the Amer. Acad. Clin. Toxicol.), 1:3-5, 1973.
14. DiMaio, V.J.M. "From Dallas to Chappaquiddick: A Tale of Failure", J. Canad. Soc. Forensic Sci., 7:127-128, 1974.
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